# Barren River District Health Department

## Strategic Plan for 2018-2022

Barren River
DISTRICT HEALTH DEPARTMENT

**Barren River**
**DISTRICT HEALTH DEPARTMENT**
Barren, Butler, Edmonson, Hart, Logan,
Metcalfe, Simpson, and Warren Counties

At the close of each calendar year, I stand amazed at the growth and development Barren River District Health Department continues to experience! Our employees continue to turn challenges into opportunities; the willingness of our employees to be progressive and strive for cutting edge public health practice initiatives is exemplary. Our Local Boards of Health and District Board of Health continue to support our decisions, and serve their communities in both their ambassador and governing roles.

Each and every day we are asking ourselves:

-How can we work smarter?
-How can we be better stewards of the public funds afforded us?
-Should we pursue that grant?
-How can we best engage the communities we serve?
-How can we improve the relationships we have with our business partners?
-Is this a data-driven decision?
-Is management staying abreast of evidence-based public health practice?
-Are we employing the best candidates?
-Are we appropriately training our staff?
-Is there a better way?

The common theme is 'yes'! We are striving to be the best public health agency we can possibly be. Are we perfect? Far from it! But, our guiding values of being a workforce who is Professional, Passionate, Proficient, Dependable and Respectful will continue to serve us well! The Barren River District Health Department Strategic Plan 2018-2022 represents both our award winning past and our intentional march towards the future. As you review our Strategic Plan, please know that over 200 Barren River District Health Department employees are committed to serving our communities to the very best of our abilities!

Sincerely,

Dennis R. Chaney, MPA
Director

# Barren River District Health Department Strategic Plan for 2018-2022

Adopted by the

Barren River District Board of Health

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This Strategic Plan is a product of the Barren River District Health Department's Planning, Quality and Communications Branch - December 2017
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# Barren River DISTRICT HEALTH DEPARTMENT

**Healthy Community. Happy Families.**

## Our Vision

**Creating a healthy community for all people to live, learn, work, & play**

## Our Mission

**To serve our community with a commitment to excellence in quality service by protecting and improving the environment and health of people through prevention, surveillance, education, and partnerships**

## Our Values

**Professional · Passionate · Proficient**
**Dependable · Respectful**

## Barren River District Board of Health

**Barren County**
Judge Michael Hale
Richard Clouse, MD
Patricia Spears, ARNP
Steve Webb, DVM

**Butler County**
Judge David Fields
Matt Hunt

**Edmonson County** Judge
Wil Cannon
Robbie Brantley

**Hart County**
Judge Terry Martin
Edward Keiley, RPh
Martha Rogers

**Logan County**
Judge Logan Chick
Trisha Campbell, APRN
Dana Gloyd, RN

**Metcalfe County** Judge
Greg Wilson
Matthew Gallagher

**Simpson County**
Judge Jim Henderson
Bobby Bush

**Warren County**
Judge Mike Buchanon
Mayor Bruce Wilkerson
Mandy Ashley
Brian Humble, MD
Sherryl Reed, MD
Elaine Smith Price

# Barren River District Health Department Strategic Plan for 2018-2022

adopted by the

## Barren River District Board of Health

The Barren River District Health Department (BRDHD) is comprised of eight-member counties in South central Kentucky. They are listed here, with each county seat in parentheses:

Barren County (Glasgow)
Butler County (Morgantown)
Edmonson County (Brownsville)
Hart County (Munfordville)
Logan County (Russellville)
Metcalfe County (Edmonton)
Simpson County (Franklin)
Warren County (Bowling Green)

The 8-county service area is home to 246,212 people and is primarily rural in nature.

The agency provides a wide array of public health services through health department facilities in each county seat. Services include preventive nursing, environmental health, epidemiology, group and individual health education, nutrition counseling, health planning, school nursing, coordinated school health, home visiting, and community health promotion.
District administrative offices are located in Bowling Green. The agency's 204 public health professionals and support staff operated under a budget of $14,605,283 during the 2017-18 fiscal year.

**Our Community –**BRDHD's service area falls within Kentucky's Barren River Area Development District (BRADD). BRADD is the regional economic development district that proudly serves 10 adjacent counties in South Central Kentucky. Nine of the 10 BRADD counties are considered rural, four of which are also designated Appalachian counties. The median income of the counties within the BRADD's service area is $37,521, considerably lower than Kentucky's median income of $43,307 and significantly lower than the national number.

Bowling Green is the largest city in the region with a population of 63,616 residents. Even so, the counties that make up the BRADD are home to populations with a wide variety of backgrounds and lifestyles. Several of these rural counties have become home to sizeable Latino populations, many of whom are primarily attracted to the area by agricultural sector jobs. Additionally, a few of these counties are home to several Mennonite and Amish communities.

Bowling Green boasts an even more culturally diverse population. Western Kentucky University attracts students and faculty from all over the world and hosts a growing number of over 1,300 international students from more than 70 countries. Bowling Green is also home to the International Center of Kentucky which has relocated to the community over 10,000 refugees and asylum seekers from 30 countries. Recent immigrants from the Balkans, Africa, and the Middle East have formed Muslim communities sufficiently large enough to build two mosques in Bowling Green.

**Public Health 3.0 –** Public health is a dynamic field that evolves to address complex health issues as they emerge. Throughout much of the late 19th and early 20th centuries, public health was focused primarily on infectious disease prevention and management. This era, the **Public Health 1.0** era, bought about antibiotics, vaccines, sanitation and food and water standards. Because of the success of public health initiatives in the 1.0 era, people

began to live longer, and new public health challenges emerged.

In the **Public Health 2.0** era, the increased burden of chronic disease was at the forefront. Early interventions and other means of preventing chronic disease became public health's new focus. This allowed public health agencies to expand beyond infectious disease and provide professional and standardized care for chronic illnesses.

21st century American community's expectations for public health are much broader than in times past. As always, the agency must respond to, and help prevent disease outbreaks. The expansion of global business and travel, however, has introduced new disease threats and reintroduced many diseases that were once almost eliminated from our country.

New research in the etiology of chronic diseases has given public health practitioners an urgency to improve health literacy, convey best health practices, and build linkages between medical providers. Public health research has also shown that policy change holds some of our greatest promise for reducing chronic disease risks that are related to lifestyle and access to care.

Clearly, today's public health departments are responsible for providing a broad range of critical preventative health services; however, the 2008 Great Recession devastated public health funding and put the entire infrastructure at risk. This presented a challenge to public health practitioners to determine a method for maintaining the ability to provide quality public health services that could withstand changes to the economy and environment.
**Public Health 3.0** is a new era of enhanced and broadened public health practice. It extends beyond traditional functions of health departments to focus on addressing the root causes of poor health. Public Health 3.0 focuses on community mobilization and engagement from multiple sectors to pool resources and generate a collective impact to improve the social determinants of health. By addressing the social forces that contribute to poor health, public health programs can achieve more with limited financial resources.

BRDHD is committed to providing the public with high quality public health services. For this reason, the agency has incorporated the Public Health 3.0 model into its practices. Our agency will work to collaborate with multiple sectors of the community, to initiate healthy population-level changes through policy development, and to contribute to the evidence base of public health. To further assure a high standard of services across the district, BRDHD will maintain its accredited status with the Public Health Accreditation Board (PHAB).

**Our Workforce –** Our workforce is our foundation. Without its dedicated employees, BRDHD would be incapable of achieving its mission. Table 1 below gives us a snapshot of the demographics of our current workforce. This allows us to better understand our current workforce and anticipate future workforce needs.

**Table 1: Workforce Profile- Workforce Demographics (January 2017)**

| Category | # |
|---|---|
| Total # of Employees: | 204 |
| # of FTE: | 183 |
| Gender: Female: | 182 |
| Male: | 22 |
| Race: Hispanic: | 4 |
| Non-Hispanic: | 200 |
| Asian: | 3 |
| African American: | 7 |
| Caucasian: | 189 |
| More than One Race: | 1 |
| Age: | |
| < 20: | 0 |
| 20 – 29: | 35 |
| 30 – 39: | 35 |
| 40 – 49: | 62 |
| 50 – 59: | 52 |
| >60: | 20 |
| Primary Professional Disciplines/Credentials: | |
| Management: | 12 |
| Mid-Level Management | 20 |
| Nurse: | 75 |
| Registered Sanitarian/EH Specialist: | 14 |
| Epidemiologist: | 1 |
| Health Educator: | 13 |
| Dietitian: | 3 |
| Social Workers: | 5 |
| Dental Hygienists: | 3 |
| Employees ≤ 5 Years from Retirement: | |
| Management: | 2 |
| Non-Management: | 4 |
| Employee ≥ age 60 (potentially within 5 years of retirement): | |
| Management/Mid-Level Management: | 2 |
| Non-Management: | 17 |

**Strategic Planning Process -** Table 2 outlines an assessment and planning process that the agency began in January 2017. After conducting a series of SWOT analyses with each of the agency's branches, the strategic planning team was able to map and target focus areas. The SWOT analyses utilized PHAB domains and standards to probe for accreditation-specific areas for improvement.

Using a performance excellence model (Table 3), the updated strategic plan charts all goals and all activities necessary to reach these goals. It also charts how each goal addresses a Public Health 3.0 initiative, Healthy People 2020 objectives, PHAB standards, and/or the social determinants of health. All the charted goals and activities are mapped for action in 8 logic models that address our focus areas, including our agency's QI plan.

The focus areas of our strategic plan are as follows:

1. Employee Engagement Planning and Participation
2. Governance Expectations and Assurances
3. Assuring Health Equity
4. Service Plan Implementation
5. Implementing Marketing and Communications Tactics
6. Establishing a Quality Improvement Culture
7. Workplace Wellness Initiatives
8. Administrative Support for Public Health Branches

Each logic model includes an evaluation plan with a guidebook for other users. The built-in evaluations use an adapted model from the CDC evaluation branch and NACCHO suggestions for practice.

**Community Health Assessment and Improvement Plan-** BRDHD conducts its community health assessment as a MAPP process administered via the Barren River Initiative to Get Healthy Together (BRIGHT) Coalition. The coalition is due to begin a new MAPP cycle starting in 2018. For this reason, BRIGHT is going to restructure and recruit members from different community sectors to make sure the community's voice is heard when the new CHIP is developed.

**PHAB Accreditation-** BRDHD recently submitted its third annual report to PHAB, and the reviewers found that the agency is making excellent strides in performance management and QI processes. BRDHD will be up for reaccreditation in 2019. For this reason, the process of collecting documentation and narratives for reaccreditation will begin in January 2018.

**Coalition Reports: BRIGHT Coalition**

As previously mentioned, BRIGHT will be restructuring and starting 2018 with a new MAPP cycle. In the past year, BRIGHT conducted a preliminary analysis of the region's mental health system capacity to better understand our ability to address substance abuse, one of our CHIP's priority health issues. The assessment gave us a better idea of how prevalent mental health issues and substance abuse are in our region. It also helped us better understand the resources our community members currently use to address their mental health issues as well as the barriers to receiving the services they need.

The BRIGHT Coalition's worksite subcommittee hosted their third annual Healthy Workplace Summit starting on September 20th, 2017. Various types of data on our region's workforce are collected as a result of this summit. BRDHD has also conducted analysis on Go365 Humana health screening data from various worksites throughout the district. The information yielded by these efforts will allow the BRIGHT Coalition and BRDHD to better serve the BRADD workforce in the future.

This year, the BRIGHT Coalition/BRDHD continued its implementation of the CHIP. Progress includes:

- The BRIGHT Website and social media campaign has been used to disseminate timely information about health behaviors and outcomes relating to the CHIP's five priority health issues. It has also been used to share successes of BRIGHT activities and partners.
- Education and Community Stakeholders increased community outreach by planning and implementing hands-on learning events to teach healthy dieting and making smart school lunch choices. These events specifically targeted priority populations such as the refugee/immigrant community, low-income young adults and children, previously incarcerated individuals and their families, and the LGBTQ community.
- The BRIGHT Coalition has successfully received 501(c)(3) status, which has increased capacity for funding opportunities that will provide more resources for CHIP-related activities.
- After obtaining a substantial grant to expand the tobacco prevention program, BRDHD developed a targeted mass media and health education campaign that works to prevent tobacco uptake among youth in our district. The campaign includes the use of anti-tobacco social media advertisements, the development and distribution of two fifteen-second public service announcements featuring high school students from each of our eight counties. The PSAs be aired on local television a total of 526 times, reaching an estimated 36,973 people (about 99.8% of the target audience) after the 8-month run. The videos will also be shared via all relevant social media platforms, and will be featured on a KET Teens and Tobacco special in December 2017.

## Coalition Reports: HEART Coalition

The HEART coalition's mission is to coordinate medical activities, efforts, and resources of Region 4 health care providers in a crisis event, to improve the ability to provide emergency medical care and treatment of casualties resulting from a natural or manmade disaster; including biological, chemical or radiological incidents, and to help ensure the continued provision of routine emergency and medical care for the population.

In 2017, HEART underwent leadership changes with a new chair being elected. The group completed a full-scale exercise of their regional ChemPack plan by testing response time to the furthest point in the region. Each hospital participated either by receiving patients or logging updated bed availability on WebEOC. They have hosted several trainings for all members and helped each other prepare for the 2017 Solar Eclipse. They have updated their goals for the next five years and continue to see what equipment gaps are in the region and purchasing that equipment when funds are available. With the new CMS Emergency Preparedness rule, the group is seeing changes in membership as more agencies are coming to the meetings.

## Table 2: Strategic Planning Process

| BRDHD Strategic Planning Process | |
|---|---|
| • Introduction to Media and Communications Tool Kits | January 2017 |
| • First Pilot Test of Program Service Plans | February 2017 |
| • SWOT Analysis Dental Branch | July 2017 |
| • Second Version of Program Service Plans Developed; focus included on PH3.0, PHAB Standards and Measures, and Social Determinants of Health; Information gathered through Survey Monkey | July 2017 |
| • SWOT Preparedness Branch | July 2017 |
| • SWOT Environmental Branch | August 2017 |
| • SWOT Planning, Quality and Communications Branch | August 2017 |
| • SWOT Community Health Improvement Branch | August 2017 |
| • SWOT Community Health Promotion Branch | September 2017 |
| • Used Branch SWOT results and BRDHD's Keys to Excellence to identify 8 strategic focus areas<br>• Logic Models developed for each focus area, including evaluation plans | September 2017 |
| • Introduction to the new strategic plan at the District Wide Meeting | September 2017 |
| • Panel Discussion about the development and implementation of the new program service plans at Roundtable meeting | October 2017 |
| • Decision to purchase VMSG Dashboard as BRDHD's performance management system | October 2017 |

Barren River District Health Department

# Keys to Excellence

The Barren River District Health Department has identified the following themes as critical across all service, community involvement, and leadership activity. They appear in the middle column "BRDHD Performance Excellence Elements" in the Excellence Model on the next page, and under each Strategic Focus Area within the Strategic Plan beginning on page 13.

**Data** - No business or governmental operation can survive or grow without access to - and the ability to use - data on activities, finances, and accomplishments. Within public health at both the local and state levels, collection and use of data has been a weakness outside of basic epidemiology on communicable diseases. Public health professionals across the U.S. are working hard to develop these skills, identify useful indicators, and access data we can use to improve services and management.

**Communication** - BRDHD staff must be competent and active in communicating with each other, with the Boards of Health, and with our customers. Public health communication efforts can be verbal, written, electronic, and even graphic in nature, spanning the gamut from one on one health counseling, to groups, to community-wide messaging through the media. Communication skills are more critical now than ever before in the field of public health.

**Competence** - Expectations for staff competence have increased exponentially in the past 20 years of public health practice. In addition to traditional health, environmental and medical skills, staff must continuously train in such areas as community mobilization, coordinated disaster response, health counseling, quality improvement, cultural diversity, and health promotion through mass media and social media.

**Quality Improvement** - Business models and methodologies for continuous quality improvement have now entered into the public health consciousness and expectations for public health agencies. The BRDHD operates a data-driven QI process, but staff also seek to explore quality improvement efforts on a daily basis as well. Clinical services have a quality assurance process that is above and beyond state requirements. The agency's annual independent financial audits are also part of quality improvement.

**Health Equity** - Health status has never been equitable in our country, and health disparities are traditionally more exaggerated in the rural South. Kentucky's higher rates of chronic disease, many communicable diseases, and premature deaths are due to a complex mix of poor access to medical care, unhealthy lifestyle habits, low health literacy, and poverty. Health equity is a challenge when tied up with socio-economic status, cultural norms, and unequal distribution of medical services. This continuing public health challenge must be addressed if excellence is our goal.

**Other Keys** - In the tables below, most of the individual Focus Areas have additional Keys to Excellence listed that are appropriate to that aspect of BRDHD operation.

## Table 3. Barren River District Health Department's Performance Excellence Model

The BRDHD Performance Excellence Model serves as the foundation of our public health practice. This Model provides a framework for continuous quality improvement through an interrelationship between the 10 Essential Services of Public Health (*"What we do"*), our efforts for Performance Excellence (*"How we do it"*), and the public health programs we provide (*"Why we do it"*). Our Strategic Plan includes both (1) Internal management objectives based on our agency's performance assessment and (2) Public health service objectives, which are based on locally identified needs addressed in the Barren River Community Health Improvement Plan, state statutes and regulations, and funding under federal health objectives.

**Public Health**

| Essential Services of PH & 12 Domains of Public Health Accreditation *"What we do"* | BRDHD Performance Excellence Elements *"How we do it"* | BRDHD Partnerships and Funding *"Why we do it"* |
|---|---|---|
| 1. Monitor health status<br>2. Protect people<br>3. Give people information they need<br>4. Engage the community<br>5. Develop policies and plans<br>6. Enforce laws and regulations<br>7. Help people receive services<br>8. Maintain a competent workforce<br>9. Evaluate and improve quality<br>10. Apply the public health evidence base<br>11. Maintain management capacity<br>12. Engage the governing entity | **BRDHD Core Components:**<br>1. Leadership<br>2. Governance<br>3. Workforce<br>4. Our Customers<br>5. Our Partners<br>6. Operations<br><br>Keys to Excellence<br>across all focus areas<br>Data<br>Communication<br>Competence<br>Health Equity<br>Quality Improvement | **Barren River Community Health Plan for 2019-2021**<br><br>**Kentucky's Public Health Statutes and Regulations**<br>Environmental Services<br>Communicable Disease Control<br>Other State Public Health Programs<br><br>**National Objectives & Funding**<br>CDC - Healthy People 2020<br>United States Dept. of Agriculture<br>Homeland Security |

Barren River District Health Department

# Strategic Plan for 2018-2022

Per the BRDHD Performance Excellence Model above, the plan charts on the following pages are organized by six core components:

1. Leadership
2. Governance
3. Workforce
4. Our Customers
5. Our Partners
6. Operations

Each of the core component has cross-cutting elements that fall into one of our eight Strategic Focus Areas:

1. Employee Engagement Planning and Participation
2. Governance Expectations and Assurances
3. Assuring Health Equity
4. Service Plan Implementation
5. Implementing Marketing and Communications Tactics
6. Establishing a Quality Improvement Culture
7. Workplace Wellness Initiatives
8. Administrative Support for Public Health Branches

Within each Strategic Focus Area, goals are organized by The Keys to Excellence to help ensure that each has been considered carefully. Several Focus Areas also have other identified Keys to Excellence that are pertinent to that domain only.

The third column in each table lists either comments on the status of that goal, or a SMART Objective for attaining the goal (SMART = specific, measurable, attainable, realistic, and time-sensitive).

The fourth column indicates whether the goal addresses any social determinant of health, a Public Health 3.0 initiative, and/or a PHAB measure. This column also lists into which logic model the goal falls. Details about the logic models follow.

The final column indicates the status, indicating which are already in place.

Barren River District Health Department

# Strategic Plan for 2018-2022

| Leadership | | | | |
|---|---|---|---|---|
| **Keys to Excellence** | **Goals** | **Strategic Plan Objectives OR Comment (shaded cell = Action Plan developed)** | **Social Determinant of Health, PH 3.0 Initiative, or PHAB Addresses + Logic Model Followed** | **Status** |
| **Data** | Strengthen program and project baseline and continued surveillance data to make the most current and up-to-date information on community impacts and use of services. | The newly designed Service Plan paperwork will by systematically distributed and compiled by the PQC team to each branch director and program owner to establish baseline data, program marketing and communication plan, and both short and long term goals. Process past the pilot program will start in January 2018. | Service Plan<br>PHAB 11.1 | |
| | Assist staff in an easier and more systematic way for submitting travel expenses and purchase orders. | By March 2018 the PQC team along with the Finance Director - and staff - will work with IT to enhance the current electronic timesheet to include these tabulations under the same system. | Quality Improvement<br>PHAB 11.2 | |
| **Communication** | Effective communication between leadership and staff | District Director will facilitate leadership meetings with branch managers monthly. These minutes should be posted on our staff intranet, as well as Roundtable minutes. | Marketing and Communications<br>PHAB 11.1 | In Place |
| | Keep field staff up-to-date with new pertinent information about | A bi-weekly “Pay Day News” graphic via Power Point will be sent out correlating | Marketing and Communications | In Place |

| | | | | |
|---|---|---|---|---|
| | the staffs projects, programs, and staff introductions. | with paydays. | PHAB 11.1 | |
| **Competence** | | The Human Resource Director will work with the PQC team to develop branch supervisory level trainings - as the organization will have at least ⅓ of the current branch supervisors retiring within the strategic plan cycle. These trainings will need to be assembled by February 2018. | Employee Engagement<br><br>PHAB 8.2 | |
| **Quality Improvement** | Program evaluation | By 2019, a minimum of 50% of the organization's programs and projects will have a service plan in place. By 2020, 100% of the organization's programs and projects will have a service plan completed, with 50% of them on their second year plan. | Service Plan<br>PHAB 9.2 | |
| | Data-driven QI program | The organization will continue to foster an environment of staff buy-in and participation in policy change by facilitating and supporting the ACT team - a workgroup of staff from across the district that works with the exchange to address and fix identified needs for process/quality improvement projects. | Quality Improvement<br>PHAB 9.2 | In Place |
| **Health Equity** | Ensure that staff with diverse characteristics representative of the populations served are recruited, retained, and promoted to leadership roles. | We have Equal Opportunity Employer rules through the State's Merit System and federal law. | Health Equity<br>PHAB Expanded Topic Area | In Place |
| **Workforce Development** | Provide additional skills and opportunities for staff to have more investment into the organization while increasing their skillsets. | Implement the Retention and Recruitment Bonus Point Program by January 2018. | Employee Engagement<br>PHAB 8.2 | |
| **Strategic Planning** | BRDHD Management staff will | By 2020 a new process will begin for the | PHAB 5.3 | |

| | | | | |
|---|---|---|---|---|
| | undergo a Strategic Planning process every 3-5 years incorporating Public Health 3.0 initiatives, PHAB accreditation standards updates, and the climate of the social determinates of health. | next Strategic Plan process (2022) to allow enough time for an updated Community Health Assessment, research on the current determinants of health, and internal/external SWOT analysis | | |

| Governance | | | | |
|---|---|---|---|---|
| **Keys to Excellence** | **Goals** | **Strategic Plan Objectives OR Comment (shaded cell = Action Plan developed)** | **Social Determinant of Health, PH 3.0 Initiative, or PHAB Addresses + Logic Model Followed** | **Status** |
| **Data** | Financial reports developed in formats that Board members can easily interpret, showing budgeted vs. actual expenses | At all Board of Health meetings, the District Director and/or finance director will provide a presentation with handouts, outlining both budgeted and actual expenses and revenues. | PHAB 12.1/ 12.2 | In Place |
| | Service data presented to the Board regularly, and in easily understandable formats. | The BRDHD Annual Report includes service data for each program, with indicators carefully chosen to be meaningful. County-level service data reports are presented at each County BOH meeting. | Marketing and Communication PHAB 12.1/ 12.2 | In Place |
| **Communication** | Present and update Board of Health members on the current health concerns by county and any determined | At all Board of Health meetings a member of the PQC team or the District Director will list county by county the current reportable disease counts, and preparedness activities, | Marketing and Communication PHAB 12.1/ 12.2 | |

| | | | | |
|---|---|---|---|---|
| | social determinates of health that is relevant. | and environmental inspection status numbers. | | |
| | District Director routinely reports to the Board of health in writing. | District Director submits quarterly reports. | Marketing and Communication PHAB 12.2 | |
| **Competence** | Uphold the BRDHD Governance Development Program. | As written in the Administrative Reference manual, the District Director or appropriate agency representative will train new members appointed to the board in the area of responsibility to the health district, expectations on the support needed for their respective counties, and how best to support the district staff in achieving PH 3.0 and organizational goals. | PHAB 12.3 | |
| | Board members receive program-specific updates and orientation. | As the production of programmatic videos occur, the board will be shown these videos during meetings, and an opportunity for the branch supervisor and program owner to answer any questions will be given. | PHAB 12.1/12.3 | |
| | Board members will understand accreditation requirements and quality improvement projects that show strong organization or cultural shifts. | The BRDHD Board Accreditation Committee will be a permanent agenda item during every District Board of Health meeting. | PHAB 12.1/ 12.3 | |
| **Quality Improvement** | Aggregate customer satisfaction data is presented, with any applicable Corrective Action Plan, to the Board of Health at a minimum of once annually. | Customer service surveys will become a priority and dissemination tactics will be investigated. Results will be incorporated into quality and process improvement projects. | Quality Improvement PHAB 12.2 | |
| **Health Equity** | Both County and District Boards of Health annual review health equity data on service recipients. | At least once annually, staff will present a report of personal health services that shows clients/patients by ethnicity, gender and age groups. | PHAB 12.2/ Expanded Topic Area | |

| | | | | |
|---|---|---|---|---|
| **Sustainability of Support** | Reports on BRDHD activities and accomplishments are routinely provided to county fiscal courts and other funding partners. | District Director will attend each county fiscal court meetings at least once annually to share agency updates, needs and accomplishments in an effort to solicit input from the respective elected officials. A web link to the BRDHD Annual Report will be sent to all funding organizations (in addition to reports that are required for funding), and to all elected officials at the local, state, and federal levels.<br>An Annual Report will be produced and distributed to BOH and partners by October every year. | PHAB 12.2 | |

| **BRDHD Workforce** | | | | |
|---|---|---|---|---|
| **Keys to Excellence** | **Goals** | **Strategic Plan Objectives OR Comment (shaded cell = Action Plan developed)** | **Social Determinant of Health, PH 3.0 Initiative, or PHAB Addresses + Logic Model Followed** | **Status** |
| **Data** | All clinical and applicable support staff understand how to use the Electronic Health Record system. | After the initial 6 month period of implementation of the new EHR system (May 2017 start), opportunities for additional support | PHAB 8.2 | |

| | | | | |
|---|---|---|---|---|
| | | will be given on an as needed basis with formalized “classroom” setting sessions. The same will occur for any new feature rollouts and/or policy/programmatic changes with the systems use. | | |
| **Communication** | All staff will have the organization awareness effective enough to properly refer potential patients/participants for BRDHD services. | On September 29, 2017 at the district wide meeting the staff will be introduced to the newly built organizational chart that details out all programs/project that the BRDHD does/is a part of. Each line will list if the program/project needs referral services. Programmatic videos and information sessions will be held to ascertain information retention and accuracy checks as piloted with the Needle Exchange/Harm Reduction program and the Community Health Management Program. As part of the Annual Review, these statistics will be reported and disseminated via Pay-Day News and used for evaluation purposes. | Marketing and Communications<br><br>PHAB 11.1/ 3.2 | |
| | The BRDHD has a Media Policy covering staff interaction with the media, and all staff are oriented on the policy. Additionally, all staff will have access to the PIO communication guidelines manual. | This personnel policy is covered as part of new employee orientation for all staff. The PIO communication guideline manual will be available before January 1, 2018 | Marketing and Communications | |
| **Competence** | Continue with the established Performance Evaluation system. | Identified as a strength in previous SWOT analyses. | Service Plan | In Place |

| | | | | |
|---|---|---|---|---|
| | Afford continuing education opportunities for all staff members. | With the implementation of the Retention and Recruitment Bonus Point Program in the fall of 2017, this program will increase opportunities for furthering the education of all employees from the standard academic institution to in-house education opportunities for skills enhancement. | Employee Engagement | |
| | Ensure staff has full understanding and is committed to the strategic planning process and the goals set forth by the organization for the betterment of the population's health. | The strategic planning team along with the District Director will hold a series of meetings via differing venues and opportunities to discuss with staff the direction in which the organization is headed. Additionally, the PQC team will develop infographics as to which areas of the strategic plan will directly impact staff members because of the branch in which they operate, or their status of of their job description. | Employee Engagement | |
| | Training programs and schedules. | By the fall of 2017 courses for grant writing, excel, health program marketing & communications, PIO/spokesperson, epidemiology 101, and referral management will be developed. By January 2018 the Human Resource Director will present a training schedule open to all district staff members. | Employee Engagement | |
| | All staff training in the required competencies: Prevention of Bloodborne pathogen transmissions, National Incident Management System (NIMS) terminology/management | Existing BRDHD policy states that BBP training will be completed by the employee in the first 60 days of training, and then annual from that date. Hazard communication will | Employee Engagement | |

| | | | | |
|---|---|---|---|---|
| | structure/individual roles, and hazard communications. | also be required annual. | | |
| | Public health skills cross-training and mentorship will become standard. | As part of the Retention and Recruitment Bonus Point Program new employees will enter into a mentee program with a BRDHD mentor to learn one-on-one the organizational culture, dynamics, and protocols. Additionally, current employees eligible for the mentor/mentee program will have the opportunity to work in another branch or program area of their own interest to learn more about how the organization must work as a team to increase total population health. | Employee Engagement | |
| **Quality Improvement** | Employee satisfaction reports are measured and assessed annually, then reported to the management team. | For the last few years, more regular staff satisfaction reports have been distributed and analyzed to understand retention and recruitment better; as this area was identified as being an organizational weakness on previous Strategic Planning SWOT evaluations. These reports will continue moving forward both through and after the implementation of the Retention and Recruitment program is rolled out to see the effectiveness of this program and it's impact on turnover. | Quality Improvement and Employee Engagement | |

| | | | | |
|---|---|---|---|---|
| | All staff will have the opportunity and incentive to participate in quality improvement projects and policy change. | There are various ways in which staff is able to participate in QI projects; the ACT QI team, ongoing QI projects within their individual branches, and though team workgroup opportunities. Furthermore, during their annual evaluations, participation in these areas are looked at by management. Under the Retention and Recruitment program there is an incentivised point(s) reward for the establishment of policy that impacts the organization be it by staffing or process changes. | Quality Improvement | |
| **Health Equity** | Where applicable, all job postings include a preference for bilingual qualification. | This qualification is routinely discusses when supervisors work with the Human Resource Director on job descriptions and postings for vacancies. | Health Equity | In Place |
| | Maintain an updated demographic, cultural, and epidemiologic "profile" of communities services, as well as a needs assessment for those communities, in order to plan for and implement services that are aligned with the cultural and linguistic characteristics of the district's service area (CLAS Standard 11). | The 2018 Community Health Assessment (CHA) will include these components and use them as a major tool in the determination of resource allocation and outreach opportunities with the coordination of external stakeholders and coalition partners. | Health Equity | |
| | Engage in data collection of cultural competence and health equity measures in accordance with national initiatives, including but not limited to race, ethnicity, spoken language and written language. | Working with coalition partners, many of the BRDHD surveys have included such cultural competence, but through 2018 staff will work toward expanding the cultural outreach by setting a goal of having at least 5 languages included on | Health Equity | In Place/ Needs Work |

| | | | | |
|---|---|---|---|---|
| | | future surveys and other data collection techniques. | | |
| **Safety and Work Environment** | All BRDHD facilities provide a safe, efficient, and comfortable work environment for staff. | Maintenance staff will continue to work with the management team on the environmental assessment of the facilities needs and the incorporation of these needs into the annual budget. | Workplace Wellness | In Place |
| | Have, maintain and train all staff on a safety training plan that outlines all major hazards including fire, tornado, earthquake, terrorism, etc.). | The Disaster Preparedness Branch is charged with plan development, implementation of the training and all scheduling needed. | Workplace Wellness | In Place |

| **Patients/Program Participants** | | | | |
|---|---|---|---|---|
| **Keys to Excellence** | **Goals** | **Strategic Plan Objectives OR Comment (shaded cell = Action Plan developed)** | **Social Determinant of Health, PH 3.0 Initiative, or PHAB Addresses + Logic Model Followed** | **Status** |
| **Data** | Customer needs data being collected and analyzed. | BRDHD programs/services had a data collection program to help them assess customer satisfaction and service needs. | Quality Improvement | |
| | Patients and program participants information is kept confidential as defined by HIPAA guidelines and expectations. | The BRDHD Personnel Policy Manual lists clear instructions on confidentiality and the use of patient health data. HIPAA training is mandatory for | Employee Engagement | In Place |

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| | | appropriate staff. Additionally, staff has a signed Confidentiality Agreement on file, and receive regular reminders about the BRDHD's confidentiality policies. Complete a training annually regarding HIPAA | | |
| **Communication** | Health education materials are clear, engaging, specific and available for all consumers. | The PQC team is responsible for educating program owners on effective flyer creation and usage. An evaluation process has been set in place, and will be standardized using the communication and marketing toolkit that is a part of the program's service plan. | Marketing and Communications | In Place |
| **Competence** | Staff is competent in customer relation skills. | Through the Workforce Development Plan, these skills will be evaluated and mentored on via the individual's annual performance review. | Employee Engagement | In Place |
| | Staff is fully aware of organizational policies. | Personnel policies over appropriate dress, manners, conflict resolution and cultural confidence is addressed through the onboarding process. All procedures and policies are listed clearly in the BRDHD Personnel Manual, with updates and any new inclusions sent to all staff via email after approval by governance. | Employee Engagement | In Place |
| **Health Equity** | Language interpreters available where needed for face to face services and/or via telelink (language line services). | The BRDHD Clinical Services Director will continue to collect usage data for the assessment of population needs by language utilization, and will keep governance and administration informed on any shifts in | Health Equity | In Place |

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|---|---|---|---|---|
| | Health education and program education materials are culturally and linguistically appropriate for the intended audiences including signage, brochures, magazines, and other print and video materials for the communities that BRDHD serves. This includes targeting populations with low literacy and/or poor health literacy. | The PQC team will use and train staff on ensuring these objectives are achieved by utilizing the free access to the CDC Health Equity Scoring Assessment and Reporting web-link. This competency is part of the Marketing and Communications Toolkit. | Health Equity | In Place |
| | Patients and program participants will have a grievance resolution process that is sensitive to culture and language that is capable of identifying, preventing, and resolving cross-cultural conflicts or complaints. | This process will be established and implemented by August of 2018. | Health Equity | |
| **Accessibility** | Service fees are appropriate, including sliding fee scales where appropriate and/or allowed by program or state guidelines. | All Environmental Health Branch Fees, with the exception of the food manager certification program and a portion of the onsite sewage program fees are set by Kentucky statute and.or regulation and can only be changed by legislative influence. | | |
| | Facility hours appropriate for customer needs. | This question will be assessed on the Community Health Assessment. | | |
| **Customer Experience** | All BRDHD facilities are safe, clean, and suitable for the population's needs. | Center Coordinators will assist the District Director and the Maintenance team in identifying clinic facility needs as a part of an annual assessment for budgetary planning. | Workplace Wellness | In Place |

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| | Wifi access will be available at clinics to allow for hazard mitigation purposes and overall customer satisfaction. | With a grant obtained by the Preparedness Branch, funds were secured to implement wifi access. By the end of 2019 an assessment of utilization and increased customer service will be evaluated by the PQC team and or ACT workgroup for the continuance of support for this improvement actionable item. | Workplace Wellness | |

| BRDHD Partners | | | | |
|---|---|---|---|---|
| **Keys to Excellence** | **Goals** | **Strategic Plan Objectives OR Comment (shaded cell = Action Plan developed)** | **Social Determinant of Health, PH 3.0 Initiative, or PHAB Addresses + Logic Model Followed** | **Status** |
| **Data** | The Community Health Assessment will be available to any and all. | Up-to-date data collection and analysis will be an an easy to understand format and will be accessible via the BRDHD website www.barrenriverhealth.org and periodic social media updates will be posted and linked for other members of the communities awareness. | Marketing and Communications | In Place |
| | Have access to, and act as a good community partner with other health organizations to collect, analyze, and disseminate data towards the progress of population health and policy creation/change initiatives. | With the coalition work through the BRIGHT and HEART along with other community partners. The BRDHD will work with all parties to assist in this process. Through social media platforms and media outlets the BRDHD will share with the community the progress when appropriate. | Marketing and Communications | In Place |

| | | | | |
|---|---|---|---|---|
| **Communication** | Copies of the BRDHD Annual Reports and other pertinent reports documenting BRDHD activities will be provided to key partner organizations in each county. | The PQC team will work in partnership with the BRIGHT in the distribution of information across applicable platforms and to specific entities. | Marketing and Communications | In Place |
| | Create opportunities for the BRDHD's Disaster Preparedness Branch to be a better partner for community members of the HEART Coalition. | State funding will be used to establish an app that will be used to connect and enhance communication for the district's Emergency Managers, hospitals, long term care facilities and other HEART Coalition members. This app will include inventory lists of emergency supplies, GIS maps of real time hazards that require a response by members and will facilitate a platform by which members can sign up for meetings and activities for the Preparedness Directors State Reporting mandates. | | In Place |
| **Quality Improvement** | Coalition partners have an opportunity for input on the BRDHD's performance within their community organization, and for suggesting improvements. | By the summer of 2018 a focus group will be held where all BRDHD employees that are participating in a coalition will meet to discuss areas in which they need more assistance by the organization to service their coalitions more effectively or efficiently. Additionally, it will allow for the opportunity to evaluate partnerships more strategically and how the BRDHD's vision and mission align with the coalition. | Quality Improvement | |
| **Health Equity** | Maintain an active and mutually beneficial relationship with all organizations in the service area that provide services and assistance to all vulnerable | By January 2019 a dedicated listing of all partner collaborations and organizations that the BRDHD works with to deliver services will be created and oversaw by the PQC teams | PHAB Accreditation standard: Diversity and Inclusion, Community Health Improvement Plan and | |

| | | | | |
|---|---|---|---|---|
| | populations including those with disabilities, ethnic and cultural minorities, refugees/immigrants, rural population and the elderly. | Accreditation Coordinator | Community Health Assessment opportunity<br><br>Health Equity Logic Model | |

| Operational | | | | |
|---|---|---|---|---|
| **Keys to Excellence** | **Goals** | **Strategic Plan Objectives OR Comment (shaded cell = Action Plan developed)** | **Social Determinant of Health, PH 3.0 Initiative, or PHAB Addresses + Logic Model Followed** | **Status** |
| **Data** | Obtain baseline data for the knowledge of the BRDHD, the organization's services, and their beliefs/feelings of if they would or have utilized the services. | In the winter/spring of 2018 the PQC team will develop a plan to establish this baseline data within the communities that we serve. This data will be the foundation for understanding why some services are successful and other are not. The evaluation of this data will be complete by January 2019, and it will serve as an additional component of the Community Health Improvement Plan and Community Health Assessment. | | |

| | | | | |
|---|---|---|---|---|
| | Maintain appropriate internal financial controls and ensure a clean financial audit by an independent auditing firm annually. | The annual financial audit report is presented to the Board of Health by the auditing firm each year, Both this audit and the individual program audits reflect adequate control. | | In Place |
| | Maintain an appropriate inventory control system to track both capital equipment and consumable supplies. | System and procedures are in place and are tested annually during the independent financial audit. Any special program-specific requirements are audited by the state's program officials such as WIC and Hands. | | In Place |
| **Communication** | Maintain a regularly updated Risk Communication/Crisis Communication Plan that includes methods for reaching staff during a community emergency. | Utilize Ready Ops and the HAN network to reach out to employees when necessary. | Workplace Wellness | In Place |
| | Patient and group educational services follow evidence-based programs and strategies, and they are adaptable to the needs of each target audience. | Utilizing the Program Service Plans evidence-based practices are ensured because of the continual monitoring of the progress and tactics used to present program information or to establish procedures. Staff is training and will remain up-to-date on coaching opportunities and flexibility techniques. | Service Plan | In Place |
| | Routinely use media releases, social media platforms and face-to-face or written interviews to communicate public health issues/activities to the public. | Routine Public Information Officer (PIO) and spokesperson duties. The PQC team will establish (and implement by January 2018) a PIO guidelines manual to assist individuals with good practices and organizational policies to ensure the best light for the BRDHD is represented to the community. Additional training opportunities will be granted on a case by case basis for staff members. | Marketing and Communication | |

| | | | | |
|---|---|---|---|---|
| | Instill and promote trust in BRDHD as a leader in population health improvement. | In 2017 the BRDHD began an overhaul in the communications and marketing arena for both internal and external audiences. Extensive brand management techniques with developed with a clear plan for how the organization will present a unified "voice" and presence. These processes will begin full implementation by January of 2018, and will be continually evaluated by the PQC team. By January of 2019 an analysis of how programs were able to utilize the marketing and communication toolkit will be presented to the District Director, exchange members, and managers at a roundtable meeting. The results will also be reported for all staff via Pay-Day News. | Marketing and Communication | In Place |
| **Quality Improvement** | The agency will remain accredited by the Public Health Accreditation Board. | The Accreditation Coordinator and District Director will ensure that a completed application/updates will be submitted to PHAB in a timely and accurate manner. The Accreditation Coordinator will continue to collaborate with the State ACC workgroup and NACCHO Accreditation Coordinator Learning Community. | Quality Improvement | In Place |
| | ACT Team | This quality and process improvement team is comprised of staff members from around the district and various branches that meets at a minimum of every other month and actively engages on enhancing experiences by both internal and/or external stakeholders. A goal is set to achieve movement and promote organizational change on a minimum of 3 projects per year. | Quality Improvement | In Place |

| | | | | |
|---|---|---|---|---|
| | Improve process performance and maximize agency efficiencies. | Performance audits that are currently in place: (1) quarterly QA audits of clinical services; (2) annual financial audits with state review for compliance every 2 years; (3) communicable disease team conducts audits of TB charts; (4) QA audits in each county is done of the WIC program biannually. | Quality Improvement | In Place |
| **Health Equity** | Culturally and linguistically competent training materials are provided in the event of a disaster. | In the BRDHD's All Hazards Plan, a more descriptive explanation of these processes and distribution services are found under the Special Needs Plan. | Health Equity | In Place |
| **Disaster Response** | Maintain NACCHO Project Public Health Ready designation. | In 2017 a full review and update to the BRDHD's PPHR was performed and submitted.. This is reviewed annually. PPHR is renewed every 5 years. | | In Place |
| **Organizational Shift Project** | Determine if telehealth is a viable option for the organization in terms of return on investment without compromising the value-based clinical services and outcomes. | The PQC team in conjunction with the clinical services branch will begin to craft a pilot program by March of 2018 to determine the effectiveness and opportunities to shift services to a telehealth option. Items under consideration will include IT specifications and set ups, travel costs, no/shows, attempted visits, and health outcomes. Some services to consider is the expansion of the TB iDOT services, family planning, and vaccinations. | Service Plans | |

Barren River District Health Department

# Strategic Plan for 2018-2022
# Logic Models
# and
# Evaluation Toolkit

By utilizing the performance excellence model framework, a list of goals and activities were determined to be the primary focus for the 2018-2022 strategic planning team. Each of the identified areas was broken down into a respective collection of opportunities. This system of organization gives performance and quality improvement managers a targeted approach to ensure tasks are systematically carried out and evaluated. The following documents are broken down into the following 8 strategic focus areas:

- Employee Engagement Planning and Participation
- Governance Expectations and Assurances
- Ensuring Health Equity
- Implementing Marketing and Communications Tactics
- Establishing Quality Improvement Culture
- Service Plan Implementations
- Workplace Wellness Initiatives
- Administration Support to Public Health Branches

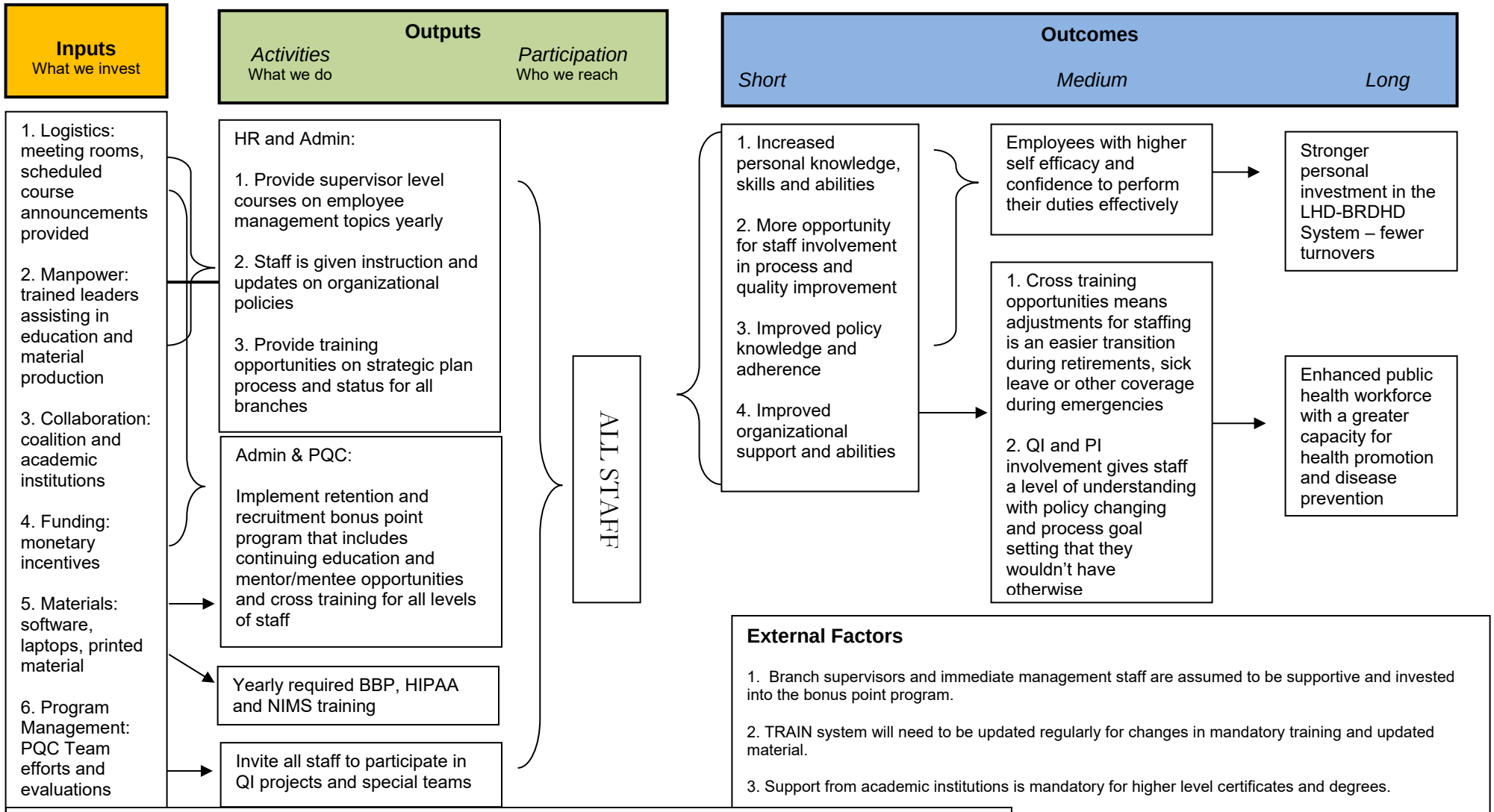
Each of these logic models will be inputted into the program management software, VSMG (Vision, Mission, Services, and Goals Dashboard Public Health Management System. This software is a cloud-based, real-time, system designed specifically to assist public health departments in the development, implementation, and performance management of the Strategic and Operational Planning process by engaging all levels of management and supervision into the planning process. It will provide clear and consistent methods for reporting progress-against-planning throughout the organization and will provide a tool that mirrors a results-oriented approach to strategic planning.

To ensure evaluations of all the programs and services offered by the Barren River District Health Department are completed when appropriate, a program evaluation toolkit was assembled and customized using NACCHO and CDC recommendations for each logic model. A sample toolkit has been included in this text for reference.

# Employee Engagement and Workforce Development - Logic Model

Purpose: Increase employee retention and recruitment while creating a sustainable and effective public health work force.

Situation: A high turnover rate in key staffing areas has limited the full potential of the organization, and has affected the operational bottom line.




**External Factors**

1. Branch supervisors and immediate management staff are assumed to be supportive and invested into the bonus point program.

2. TRAIN system will need to be updated regularly for changes in mandatory training and updated material.

3. Support from academic institutions is mandatory for higher level certificates and degrees.

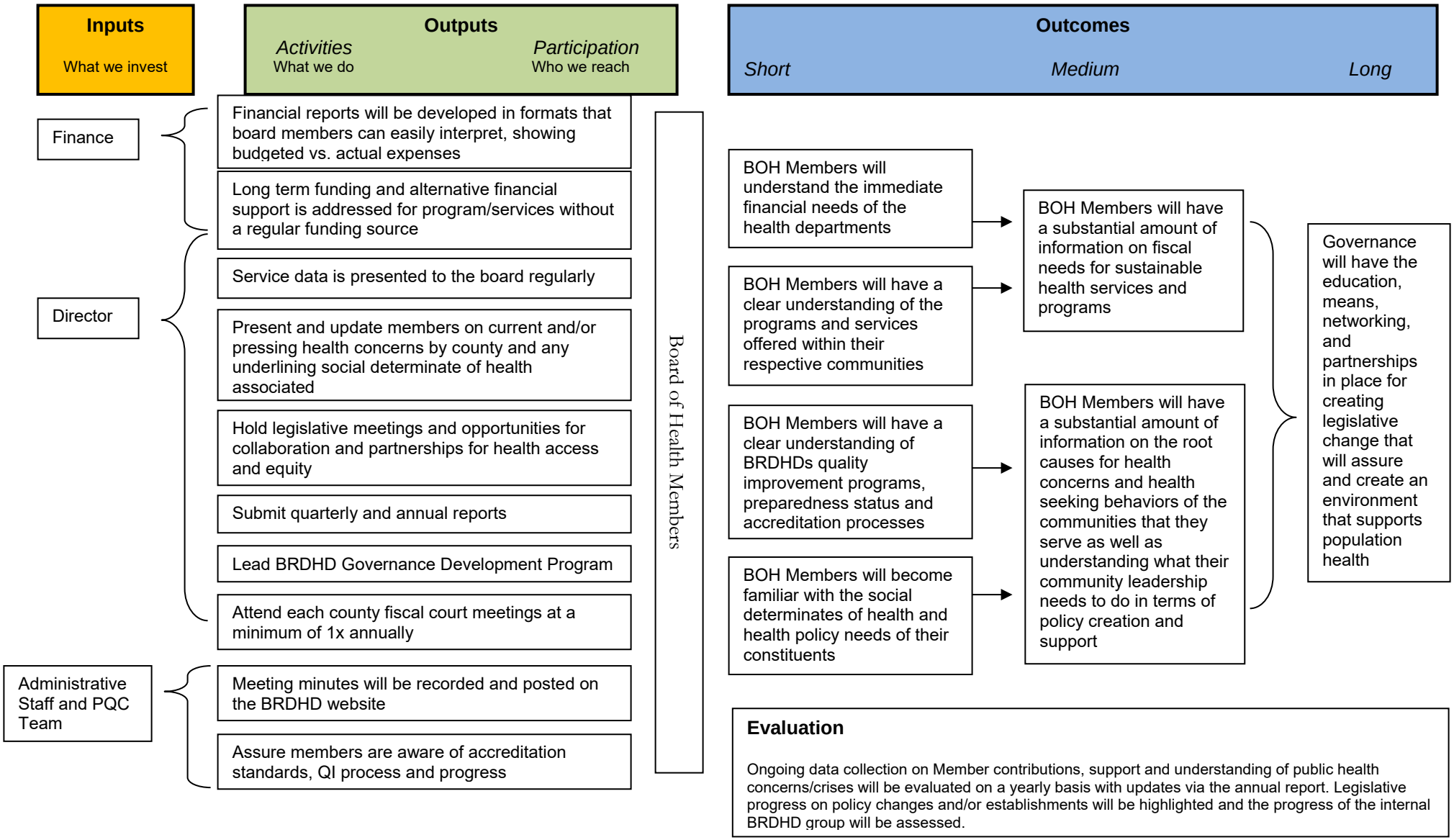
**Evaluation**

Ongoing data collection on Bonus Point Program usage, adherence to yearly mandatory trainings and continuing education effectiveness will be gathered throughout the 5 year cycle and re-tooled as necessary. See accompanying QI checklist for timelines and areas addressed.

# Governance Communication and Support - Logic Model

Purpose: To enhance and nurture the communication and relationships with the county and districts boards of health for maximum effectiveness within the community.

Situation: BRDHD wants to better the flow of information, ensure all board members are clear on roles, expectations and needs of the BRDHD employees and the communities in which they have been elected or hold leadership positions.




## Evaluation

Ongoing data collection on Member contributions, support and understanding of public health concerns/crises will be evaluated on a yearly basis with updates via the annual report. Legislative progress on policy changes and/or establishments will be highlighted and the progress of the internal BRDHD group will be assessed.

# Ensuring Health Equity in Services, Programs and Communications - Logic Model

Purpose: Ensure we are meeting patients and those that use our services are being reached in a meaningful way.

Situation: As the diversity of our population increases and the health literacy of our community shifts the BRDHD needs to assure materials are mindful of the ways in which they communicate.

| **Inputs**<br>What we invest | **Outputs**<br>*Activities*<br>What we do | **Outputs**<br>*Participation*<br>ALL STAKEHOLDERS | **Outcomes**<br>*Short* |
|---|---|---|---|
| HR and Senior Staff | 1. Ensure that staff with diverse characteristics representative of the populations served are recruited, retained, and promoted to leadership roles.<br><br>2. Where applicable, all job postings include a preference for bilingual qualification. | | Continue to adhere to Equal Opportunity Employer rules through the State's Merit System and federal law. |
| PQC<br>Clinic Services<br>CHI<br>CHP<br>Preparedness | 1. Language interpreters available where needed for face to face services and/or via telelink (language line services).<br><br>2. Health education and program education materials are culturally and linguistically appropriate for the intended audiences including signage, brochures, magazines, and other print and video materials for the communities that BRDHD serves. This includes targeting populations with low literacy and/or poor health literacy – CDC toolkit.<br><br>3. Culturally and linguistically competent training materials/information will be provided in the event of a disaster– CDC toolkit.<br><br>4. Patients and program participants will have a grievance resolution process that is sensitive to culture and language that is capable of identifying, preventing, and resolving cross-cultural conflicts or complaints.<br><br>5. Maintain an active and mutually beneficial relationship with all organizations in the service area that provide services and assistance to all vulnerable populations including those with disabilities, ethnic and cultural minorities, refugees/immigrants, rural population and the elderly. | | Continue to meet the needs of the varied demographics within the District.<br><br>Discover needs and utilize partnerships more easily with regard to health equity as they apply to new, more complicated and emerging issues within specialty populations. |
| Health Director | Both County and District BOH will receive an annual review of health equity data on service recipients showing patient information on ethnicity, gender and age groups. | | Prepare board with special interest needs that might affect the costs of services or extenuating needs for the BRDHD to assure health needs are being addressed. |

**Outcomes**

*Medium*

*Long*

**External Factors**

1. Assessments of language needs with telelink will need to be consistent with the needs of the BRDHD in order to remain relevant.
2. CDC updates in health equity documentation and standards will need to be monitored for compliance.

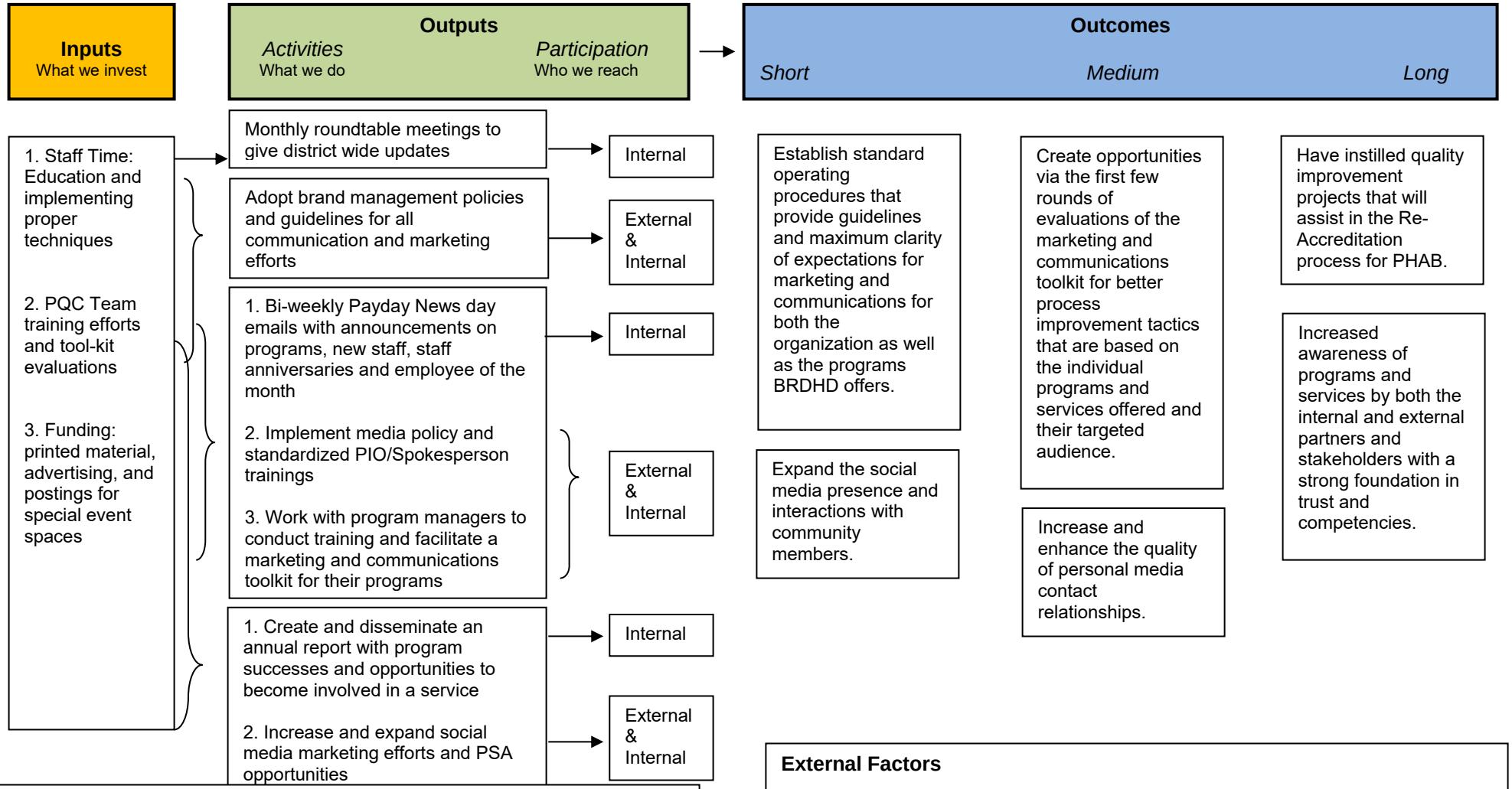
**Evaluation**

A yearly evaluation will occur that will randomly select materials from each branch to assess for health equity compliance and remediation education will occur as needed.

# Expanded and Structured Marketing and Communications Strategy - Logic Model

Purpose: Increase community participation in services and establish effective brand management to instill trust within the population the BRDHD is a reputable organization to receive patient and client services.

Situation: Many community based programs are underperforming because of lack of community participation and/or interest, yet they seek services elsewhere (hospitals, independent educators, etc.). There is a lack of understanding what programs BRDHD offers both internally and externally.




**Evaluation**

Following the evaluation toolkit, assessments will be done on the organizations progress every 6 months to 1 year for the duration of the strategic planning cycle for progress.

**External Factors**

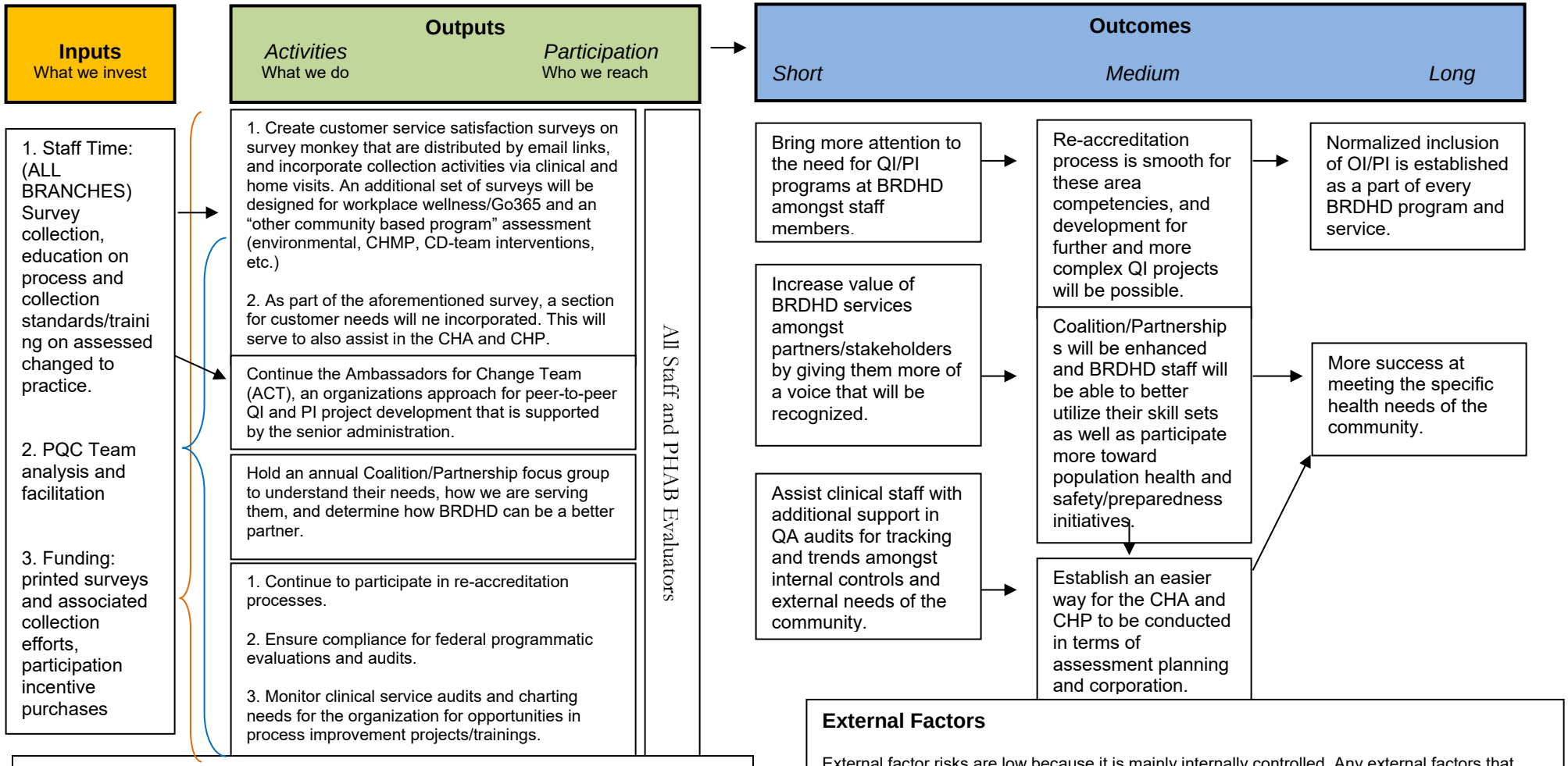
1. Changes in external partner relationships (media, hospital partners, etc..) may be impacted with staffing changes. Communication on these changes will be paramount.

2. Changes in social media outlets/platforms will need to be monitored for effectiveness and trends.

# Establishing a Quality/Process Improvement Culture and Utilization - Logic Model

Purpose: Establish a QI/PI culture that will ensure resource allocations will demonstrate appropriate stewardship by the organization, and give more control to branch/program manager managers in the success of their efforts as well as increasing employee buy-in for change management.

Situation: With the organization shifting to the service plan standardization model, QI/PI is the key component to ensuring programs are growing with and for the community. Changing how we approach our programs and services is needed for a successful transformation.




## Evaluation

After the initial creation and implementation of surveys and collection activities the data will be used in cycle with the CHA and CHP assessments. A focus group with partners will be done annually, and will be included on the CHA and CHP reporting as well as the annual report.

## External Factors

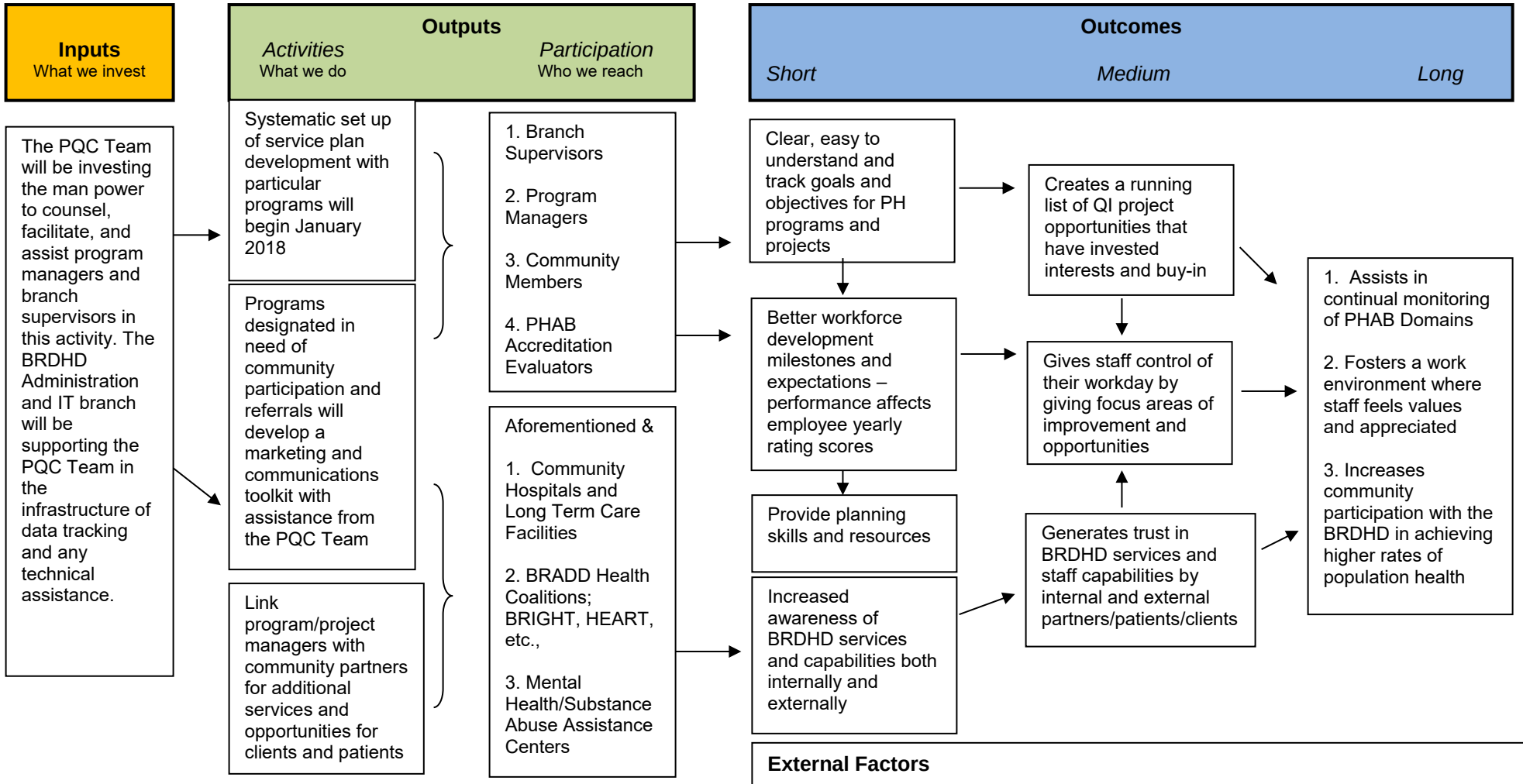
External factor risks are low because it is mainly internally controlled. Any external factors that would need to be monitored are PHAB standard shifts and/or a major programmatic change needed due to a serious community threat.

The largest concern for this logic model is the participation of the BRDHD clinics, CHI and CHP branches, and the PQC team's ability to maintain/track data.

# Organizational Shift to Programmatic Service Plans - Logic Model

Purpose: Increase Quality and Performance Improvement Structure for Accreditation and Effective Program Management

Situation: Lack of structured accountability/goals/objectives tracking has led to duplicated efforts that have rendered low ROI in terms of man power and community participation.




## Evaluation

In 2017 the PQC Team developed a service plan tool-kit that was piloted across three very different programs under different branches to test two different design sets. The finalized format will be launched in 2018 with each program/project up for evaluation after a 1 year time-period of implementation. Data on goal achievements and objective requirements will be analyzed, interpreted and reported in 2019.

## External Factors

1. Continuation to network within the community via special events, coalition meetings, and speaking opportunities.

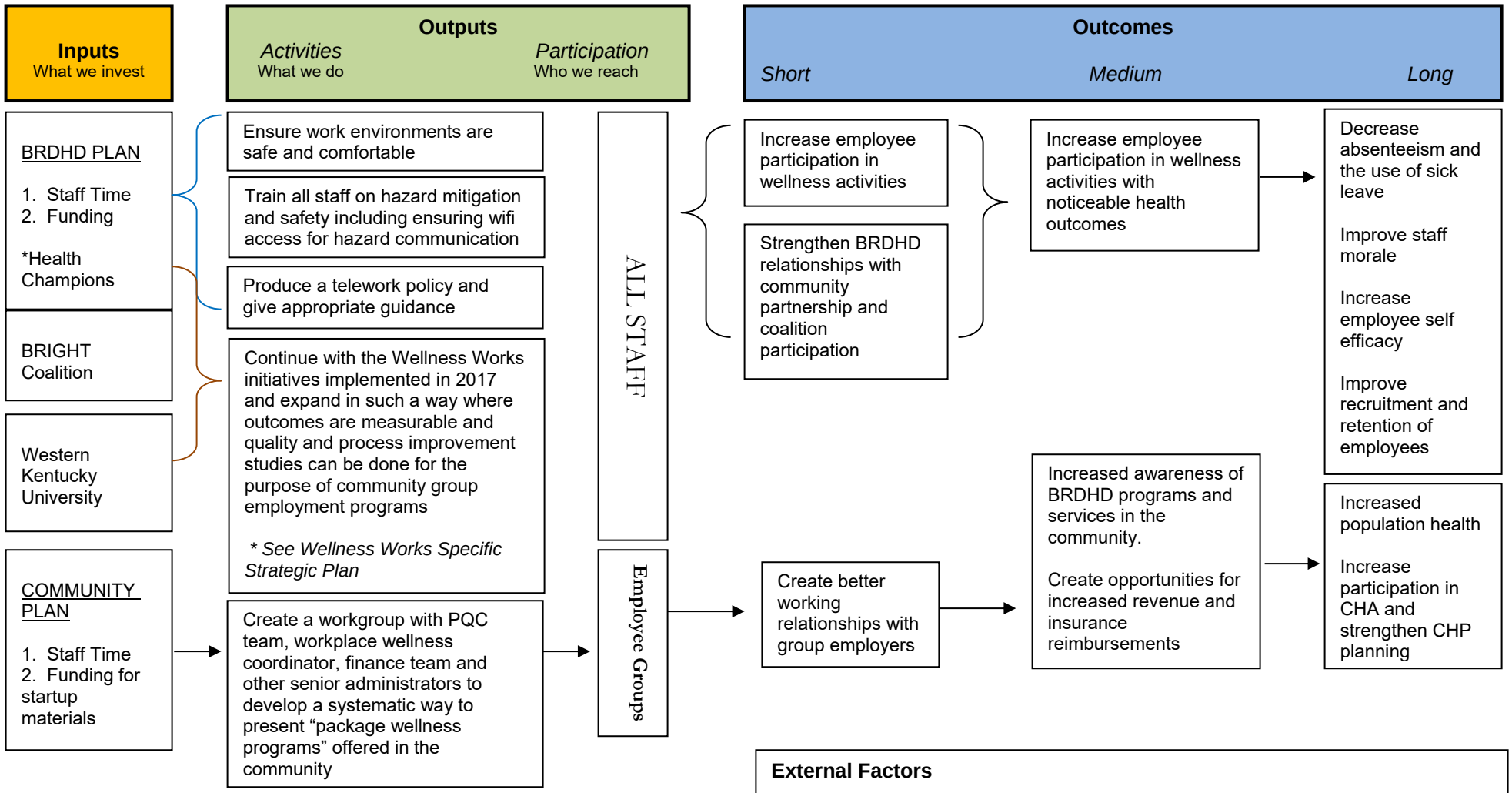
2. Availability of staff to participate in planning meetings with PQC team to develop and implement service plans into daily tasks.

3. Training and panel information sessions will be made a priority by administration and supervisors.

# Workplace Wellness Development and Community Health Investments - Logic Model

Purpose: Increase employee satisfaction and well-being while discovering what works from group employment and their wellness programs.

Situation: BRDHD wants to better the health of their employees while emulating to the community that they can practice what they preach. This program will set the stage for how group employer wellness participants can systematically increase the health of their employees with the BRDHD's help.




## Evaluation

Ongoing data collection on employee participation and contribution by partnerships will be evaluated on a yearly basis with updates via the annual report with extra information dissemination before insurance enrollments and scheduled GO365 screenings. Community aspects will be an ongoing project. Teleworking and staff safety will be evaluated yearly.

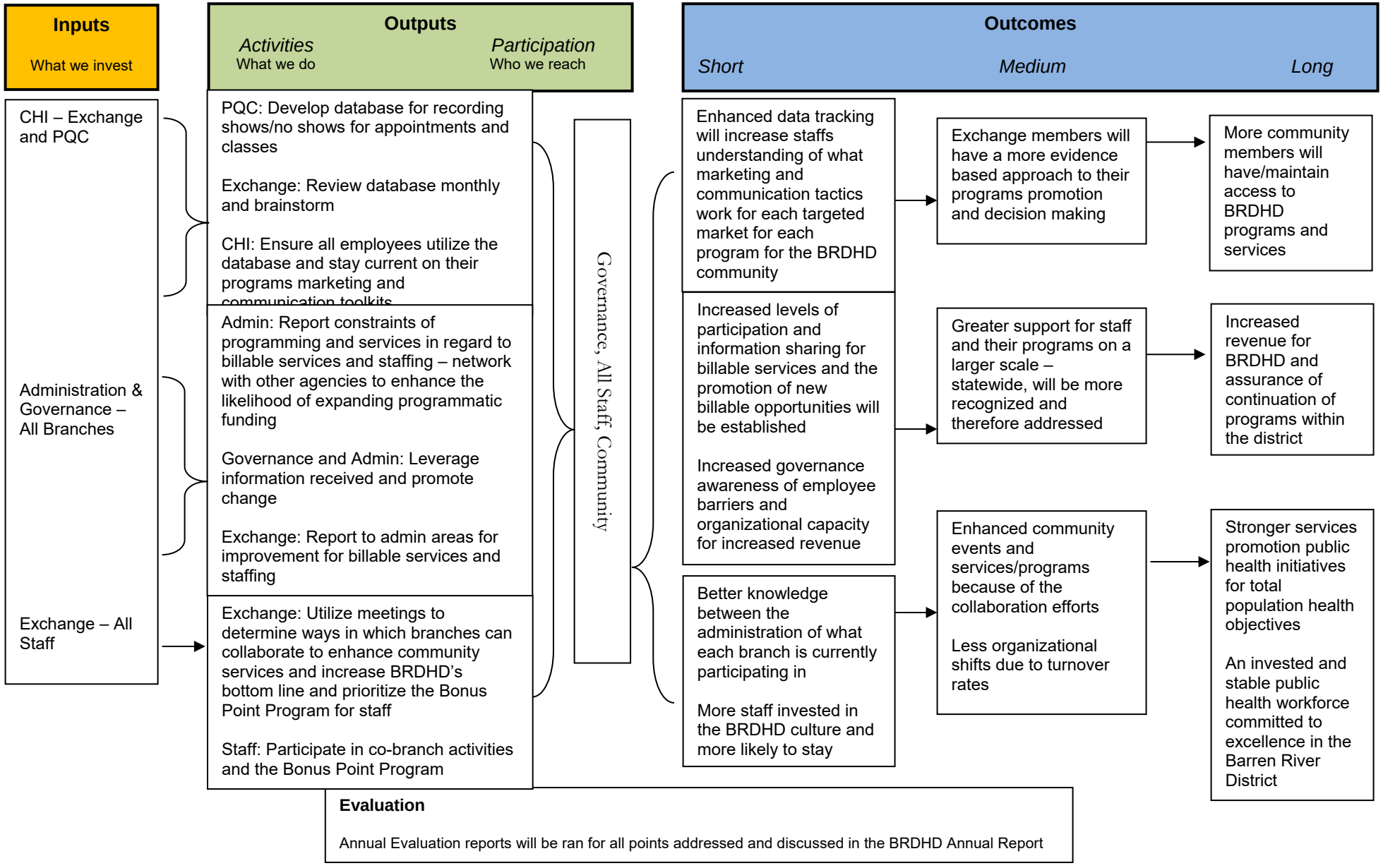
## External Factors

1. Community partnerships are the center stone for these programs. These relationships will need to be nurtured by both the BRDHD staff as well as those within the coalitions and organizations by which partnerships have been developed.

## Administration Support for Local Public Health Branches- Logic Model

Purpose: Enhance administrative support by specifically assisting in identified areas by branch teams themselves, in an effort to actively engage in goal achievements.

Situation: Public health branches identified needing intentional support services to reach their individual goals for assuring readiness and health prevention goals within the community



# Logic Model Evaluation Checklist and Guidelines

Use the following booklet and the (SIX) step-wise process to appropriately evaluate and report the programs and projects offered by the Barren River District Health Department that have accompanying logic models already designed for the strategic planning goals and objectives.

* Adapted from CDC Evaluation Guidelines and Standards

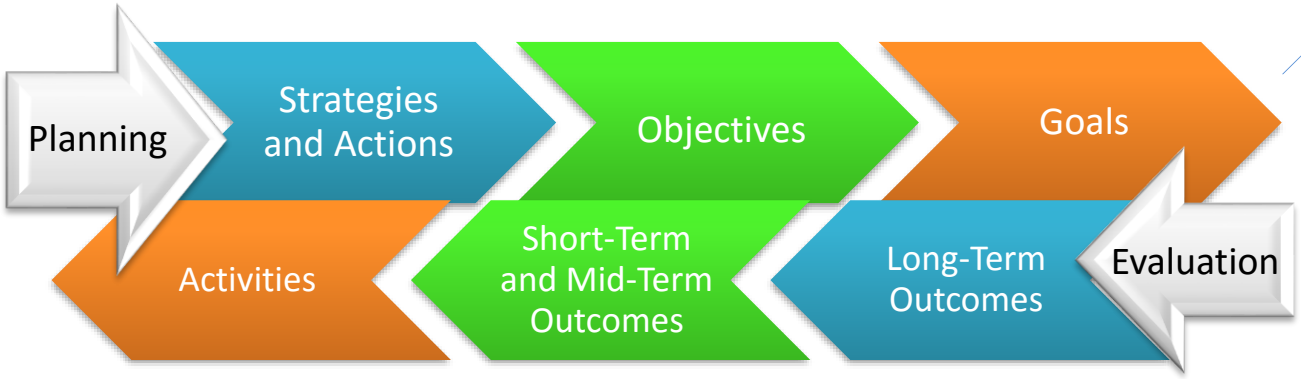
## Step 1: Identify Key Stakeholders and Their Concerns

| | Category | Stakeholders |
|---|---|---|
| 1 | Who is affected by the program? | |
| 2 | Who is involved in program operations? | |
| 3 | Who will use the evaluation results? | |

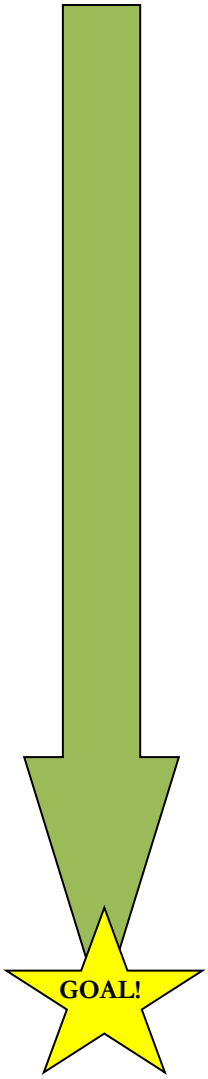
| Which of these are key stakeholders we need to further engage in to: | | | |
|---|---|---|---|
| Increase credibility of evaluation | Implement or change interventions that are central to the evaluation | Advocate for changes within the organization after evaluation findings | Fund/authorize the continuation or expansion of the program |
| | | | |

## Step 2: Describe the Program

Use the flowchart on the following page to be able to adequately describe the state of the program. The program description will ask questions that require data collection and analysis.




| Targeting Outcomes of Programs Hierarchy of Effects | |
|---|---|
| **Participation** | Number of people reached<br>Characteristics of those reached<br>Frequency and intensity of contact |
| **Reactions** | Degree of interest<br>Feelings toward the program<br>Acceptance of activities<br>Educational methods appreciated/conducive |
| **Learning** | Knowledge gained<br>Skills acquired<br>Future aspirations imagined |
| **Actions** | Implementation process smooth or need adjusting<br>Patterns of behavior adopted by target audience<br>Key elements of support are in place and functioning |
| **Systems and Environment Change** | Changes in social, economic, or environmental conditions as a result of recommendations, actions, policies and practices implemented |
| **Desired Outcomes** | Health indicators as end result<br>Achievements or strives made in sustainable change |




There are roughly three stages in program development --planning, implementation, and maintenance -- that suggest different focuses. In the planning stage, a truly formative evaluation—who is your target, how do you reach them, how much will it cost—may be the most appropriate focus. An evaluation that

included outcomes would make little sense at this stage. Conversely, an evaluation of a program in maintenance stage would need to include some measurement of progress on outcomes, even if it also included measurement of implementation.

Here are some handy rules to decide whether it is time to shift the evaluation focus toward an emphasis on program outcomes:

- **Sustainability:** Political and financial will exists to sustain the intervention while the evaluation is conducted.

- **Fidelity:** Actual intervention implementation matches intended implementation. Erratic implementation makes it difficult to know what "version" of the intervention was implemented and, therefore, which version produced the outcomes.

- **Stability:** Intervention is not likely to change during the evaluation. Changes to the intervention over time will confound understanding of which aspects of the intervention caused the outcomes.

- **Reach:** Intervention reaches a sufficiently large number of clients (sample size) to employ the proposed data analysis. For example, the number of clients needed may vary with the magnitude of the change expected in the variables of interest (i.e., effect size) and the power needed for statistical purposes.

- **Dosage:** Clients have sufficient exposure to the intervention to result in the intended outcomes. Interventions with limited client contact are less likely to result in measurable outcomes, compared to interventions that provide more in-depth intervention.

Deciding On the Evaluation Design

1. ***Experimental designs*** use random assignment to compare the outcome of an intervention on one or more groups with an equivalent group or groups that did not receive the intervention. For example, you could select a group of similar schools, and then randomly assign some schools to receive a prevention curriculum and other schools to serve as controls. All schools have the same chance of being selected as an intervention or control school. Random assignment reduces the chances that the control and intervention schools vary in any way that could influence differences in program outcomes. This allows you to attribute change in outcomes to your program. For example, if the students in the intervention schools delayed onset or risk behavior longer than students in the control schools, you could attribute the success to your program. However, in community settings it is hard, or sometimes even unethical, to have a true control group.

2. ***Quasi-experimental design***, comparison of outcomes/outcome data among states and between one state and the nation as a whole are common ways to evaluate public health efforts. Such comparisons will help you establish meaningful benchmarks for progress. States can compare their progress with that of states with a similar investment in their area of public health, or they can contrast their outcomes with the results to expect if their programs were similar to those of states with a larger investment.

   Comparison data are also useful for measuring indicators in anticipation of new or expanding programs. For example, noting a lack of change in key indicators over time prior to program implementation helps demonstrate the need for your program and highlights the comparative progress of states with comprehensive public health programs already in place. A lack of change in indicators can be useful as a justification for greater investment in evidence-based, well-funded, and more comprehensive programs. Between-state comparisons can be highlighted with time–series analyses. For example, questions on many of the larger national surveillance systems have not changed in several years, so you can make comparisons with other states over time, using specific indicators. Collaborate with state epidemiologists, surveillance coordinators, and statisticians to make state and national comparisons an important component of your evaluation.

3. ***Observational designs*** include, but are not limited to, time–series analysis, cross-sectional surveys, and case studies. Periodic cross-sectional surveys (e.g.., the YTS or BRFSS) can inform your evaluation. Case studies may be particularly appropriate for assessing changes in public health capacity in disparate population groups. Case studies are applicable when the program is unique, when an existing program is used in a different setting, when a unique outcome is being assessed, or when an environment is especially unpredictable. Case studies can also allow for an exploration of community characteristics and how these may influence program implementation, as well as identifying barriers to and facilitators of change.

Tips: Tailor the evaluation to WHO is asking the questions and WHAT they want to know from the evaluation of the program for resource control and targeted investigations.

| **Focus on Evaluation Design** | |
|---|---|
| **Standard** | **Questions** |
| Utility | What is the purpose of the evaluation<br><br>Who will use the evaluation and how will they use it<br><br>Are there any special needs of any stakeholders that need to be addressed |

| | |
|---|---|
| Feasibility | What is the program's stage of development<br><br>How intense is the program<br><br>How measurable are the components in the proposed focus |
| Propriety | Will the focus and design adequately detect any unintended consequences<br><br>Will the focus and design include examination of the experience of those that are affected by the program |
| Accuracy | Is the focus broad enough to detect success or failure of the program<br><br>Is the design the right one to respond to the questions – such as attribution- that are being asked by stakeholders |

| **Focusing the Evaluation in the Logic Model** | | |
|---|---|---|
| **If this is the situation…** | | **Then these are the parts of the logic model I would include in my evaluation focus:** |
| 1 | Who is asking evaluation questions of the program? | |
| 2 | Who will use the evaluation results and for what purpose? | |
| 3 | Did we identify interests of the stakeholders that need to be taken into account? | |
| **"Reality Checking" the Evaluation Focus** | | |
| **If this is the answer to these questions…** | | **Then I would conclude the questions in my evaluation focus areas that are reasonable to ask right now.** |
| 1 | How long has this intervention been underway? | |

| | | |
|---|---|---|
| 2 | How intensive/ambitious is the intervention? | |
| 3 | How much investment (time and money) can be devoted to the evaluation at this time? | |

**Step 4: Gather Credible Evidence**

Indicators of success need to be determined for each issue being evaluated. An indicator needs to be specific, observable, and measurable statements that help us define exactly what we mean or what we are looking for.

Keep the following tips in mind when selecting your indicators:

- Indicators can be developed for activities (process indicators) and/or for outcomes (outcome indicators).
- There can be more than one indicator for each activity or outcome.
- The indicator must be focused and must measure an important dimension of the activity or outcome.
- The indicator must be clear and specific in terms of what it will measure.
- The change measured by the indicator should represent progress toward implementing the activity or achieving the outcome.

Primary data collection methods also fall into several broad categories. Among the most common are:

- Surveys, including personal interviews, telephone interviews, and instruments completed by respondent, received through the mail or e-mail
- Group discussions/focus groups
- Observation
- Document review, such as medical records, but also diaries, logs, minutes of meetings, etc.

Choosing the right method from the many secondary and primary data collection choices must consider both the ***context*** (How much money can be devoted to collection and measurement? How soon are

results needed? Are there ethical considerations?) and the ***content*** of the question (Is it a sensitive issue? Is it about a behavior that is observable? Is it something the respondent is likely to know?).

| Program Component | Indicator(s) |
|---|---|
| Ex. Provider Training | Ex. A series of 3 trainings will occur in each county over a 1 year time period |
| | |
| | |
| | |

Checklist for Credible Evidence

- Determine whether existing indicators will suffice or whether new ones must be developed.
- Consider the range of data sources and choose the most appropriate one.
- Consider the range of data collection methods and choose those best suited to your context and content.
- Consider a mixed-method approach to data collection.
- Consider quality and quantity issues in data collection.
- Develop a detailed protocol for data collection.

**Evaluation Questions, Indications, and Data Collection Methods/Sources**

| Logic Model Components in Evaluation Focus | | Indicator(s) or Evaluation Questions | Data Method(s)/Sources(s) |
|---|---|---|---|
| 1 | | | |
| | | | |
| 2 | | | |
| | | | |

| | | | |
|---|---|---|---|
| 3 | | | |
| | | | |
| 4 | | | |
| | | | |
| 5 | | | |
| | | | |
| 6 | | | |
| | | | |

**Data Collection Logistics Table**

| Data Collection Method/Source | | From whom will the data be collected | By whom will the data be collected and when | Security or confidentiality steps |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

**Step 5: Justify Conclusions**

Why Is It Important to Justify Conclusions?

Why isn't this step called analyze the data? Because as central as data analysis is to evaluation, evaluators know that the evidence gathered for an evaluation does not necessarily speak for itself. As the figure below notes, conclusions become justified when analyzed and synthesized findings ("the evidence") are interpreted through the prism of values (standards that stakeholders bring, and then judged accordingly). Justification of conclusions is fundamental to utilization-focused evaluation. When agencies, communities, and other stakeholders agree that the conclusions are justified, they will be more inclined to use the evaluation results for program improvement.

Analyzing and Synthesizing the Findings

Data analysis is the process of organizing and classifying the information you have collected, tabulating it, summarizing it, comparing the results with other appropriate information, and presenting the results in an easily understandable manner. The five steps in data analysis and synthesis are straightforward:

- Enter the data into a database and check for errors. If you are using a surveillance system such as BRFSS or PRAMS, the data have already been checked, entered, and tabulated by those conducting the survey. If you are collecting data with your own instrument, you will need to select the computer program you will use to enter and analyze the data, and determine who will enter, check, tabulate, and analyze the data.

- Tabulate the data. The data need to be tabulated to provide information (such as a number or %) for each indicator. Some basic calculations include determining:

    - The number of participants

    - The number of participants achieving the desired outcome

    - The percentage of participants achieving the desired outcome

- Analyze and stratify your data by various demographic variables of interest, such as participants' race, sex, age, income level, or geographic location.

- Make comparisons. When examination of your program includes research as well as evaluation studies, use statistical tests to show differences between comparison and intervention groups, between geographic areas, or between the pre-intervention and post-intervention status of the target population.

- Present your data in a clear and understandable form. Data can be presented in tables, bar charts, pie charts, line graphs, and maps.

In evaluations that use multiple methods, evidence patterns are detected by isolating important findings (analysis) and combining different sources of information to reach a larger understanding (synthesis).

Setting Program Standards for Performance

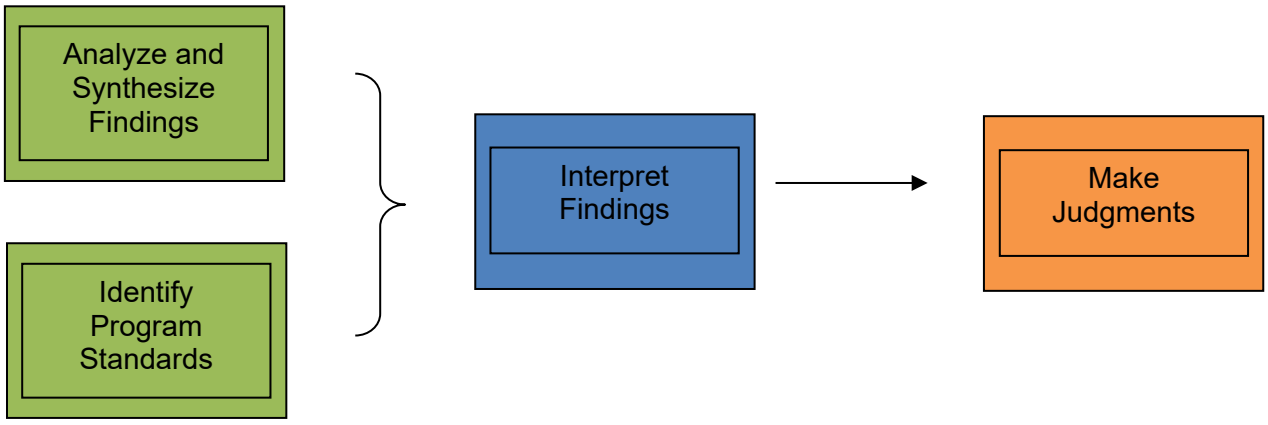
Program standards not to be confused with the four evaluation standards discussed throughout this document—are the benchmarks used to judge program performance. They reflect stakeholders' values about the program and are fundamental to sound evaluation. The program and its stakeholders must articulate and negotiate the values that will be used to consider a program successful, "adequate", or unsuccessful. Possible standards that might be used in determining these benchmarks are:

- Needs of participants

- Community values, expectations, and norms

- Program mission and objectives
- Program protocols and procedures
- Performance by similar programs
- Performance by a control or comparison group
- Resource efficiency
- Mandates, policies, regulations, and laws
- Judgments of participants, experts, and funders
- Institutional goals
- Social equity
- Human rights

In Step 5, you will negotiate consensus on these standards and compare your results with performance indicators to justify your conclusions about the program. Performance indicators should be achievable but challenging, and should consider the program's stage of development, the logic model, and the stakeholders' expectations. Identify and address differences in stakeholder values/standards early in the evaluation is helpful. If definition of performance standards is done *while* data are being collected or analyzed, the process can become acrimonious and adversarial.




**Step 6: Ensure Use of Evaluation Findings and Share Lessons Learned**

The ultimate purpose of program evaluation is to use the information to improve programs. The purpose(s) you identified early in the evaluation process should guide the use of the evaluation results.

The evaluation results can be used to demonstrate the effectiveness of your program, identify ways to improve your program, modify program planning, demonstrate accountability, and justify funding.

Additional uses include the following:

- To demonstrate to legislators or other stakeholders that resources are being well spent and that the program is effective.
- To aid in forming budgets and to justify the allocation of resources.
- To compare outcomes with those of previous years.
- To compare actual outcomes with intended outcomes.
- To suggest realistic intended outcomes.
- To support annual and long-range planning.
- To focus attention on issues important to your program.
- To promote your program.
- To identify partners for collaborations.
- To enhance the image of your program.
- To retain or increase funding.
- To provide direction for program staff.
- To identify training and technical assistance needs.

Five elements are important in making sure that the findings from an evaluation are used:

- Recommendations
- Preparation
- Feedback
- Follow-up
- Dissemination
- Making Recommendations

Examples:

*Audience*: Local provider immunization program.

*Purpose of Evaluation*: To improve program efforts.

*Recommendation:* Thirty-five percent of providers in Region 2 recalled the content of the monthly provider newsletter. To meet the current objective of a 50% recall rate among this population group, we recommend varying the media messages by specialty, and increasing the number of messages targeted through journals for the targeted specialties.

*Audience*: Legislators

*Purpose of Evaluation:* To demonstrate effectiveness.

*Recommendation:* Last year, a targeted education and media campaign about the need for private provider participation in adult immunization was conducted across the state. Eighty percent of providers were reached by the campaign and reported a change in attitudes towards adult immunization—a twofold increase from the year before. We recommend the campaign be continued and expanded emphasizing minimizing missed opportunities for providers to conduct adult immunizations.

*Audience:* County health commissioners

*Purpose of Evaluation:* To demonstrate effectiveness of CLPP efforts.

*Recommendation*: In this past year, county staff identified all homes with EBLL children in targeted sections of the county. Data indicate that only 30% of these homes have been treated to eliminate the source of the lead poisoning. We recommend that you incorporate compliance checks for the lead ordinance into the county's housing inspection process and apply penalties for noncompliance by private landlords.

**Communicating Results**

| I need to communicate to these audiences | | This format would be the most appropriate | This channel(s) would be the most effective |
|---|---|---|---|
| **1** | | | |
| **2** | | | |

| | | | |
|---|---|---|---|
| **3** | | | |
| **4** | | | |

**Ensuring Follow-up**

| **I will follow up with users of the evaluation findings** | | **In this manner** | **This support is available for follow up** |
|---|---|---|---|
| **1** | | | |
| **2** | | | |
| **3** | | | |
| **4** | | | |
| **5** | | | |